

**CUSTOMER SERVICES  
AND  
COMMUNITY RIGHTS REPORT**

**PART I:  
COMPLAINTS, INFORMATION/REFERRAL,  
AND MEDICAID APPEALS  
FOR AUGUST 2003**

**Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities  
and Substance Abuse Services**



## Part I: Complaints, Information/Referral and Medicaid Appeals

*The following report is a statistical summary describing the work of the Customer Services and Community Rights Team (CSCR). This Team is one of three teams with the Advocacy and Customer Services Section, in the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services.<sup>1</sup>*

### The Customer Services and Community Rights Team

The team consists of a team leader, a support staff person, and five professional rights advocates/ombudsmen. The team has three key responsibilities:

- To ensure the rights protection of consumers being served in the community,
- To provide a first-response system for customer inquiries, complaints, and consumer appeals in law,<sup>2</sup>
- To monitor the community customer services system.

### Reports

In order to fulfill the above responsibilities, accurate information must be collected, maintained, analyzed and shared with stakeholders. Staff record customer services data in Access software.<sup>3</sup> The data recording categories are evolving and subsequent reports will note edited changes. The team will provide quarterly reports in order to highlight issues and trends that can be addressed by the appropriate DMH/DD/SA Section, other Department of Health and Human Services agencies, or relevant aspects of the community system.<sup>4</sup>

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<sup>1</sup> Christopher Phillips is the Section Chief. The other two teams are the State Facilities Advocates Team and the Consumer Empowerment Team. The Section is a part the DMH/DD/SA Reorganization Plan. The team began to work in April 2003. Comments or questions about this report can be addressed to Stuart Berde or Julie Bloomingdale (919) 715-3197 or e-mail [Julie.Bloomingdale@ncmail.net](mailto:Julie.Bloomingdale@ncmail.net).

<sup>2</sup> Medicaid recipients file authorization appeals according to Federal Law (42 CFR 431. Sub-Part E). Each Customer Services and Community Rights team member responds to a complaint, inquiry, referral or Medicaid appeal the same or next possible business day.

<sup>3</sup> We wish to thank Bill Satterfield, NC/DMH/DD/SAS Information and Technology Team for designing the Access system for the Customer Services and Community Rights data reports.

<sup>4</sup> System change requires action by state agencies, Area Authorities, service providers, local advocates, community agencies, and nontraditional supports. Consumers and family members, who often work with Consumer and Family Advisory Committees (CFAC's), can use this information to better understand and, hopefully, influence the public system.

## Customer Services Volume – Past and Present

*Historical Note:* Since the Advocacy and Customer Services Section began its operation in April 2003, staff addressed over 300 individual complaints and information/referral issues, which are both called “cases” in this report. This five month average of 56 new cases a month dramatically exceeds the monthly average prior to the Section’s establishment, in which the earlier Advocacy and Client Rights Branch received 381 cases, between January 2000 and January 2003, for an average of 10 cases per month.

Since the Advocacy and Customer Services Section began its operation in April 2003, staff received 78 Medicaid appeals or 16 per month. Prior to the Section’s implementation, the earlier Advocacy and Client Rights Branch addressed 106 appeals between January 2000 and January 2003 for an average of 3 appeals per month.

**Table 1 – Total Cases and Appeals for August 2003**

Type	Total	% of Total
General	5	4%
Medicaid Appeals	23	20%
Complaints	44	38%
Information/Referral	44	38%
<b>Grand Total</b>	<b>116</b>	<b>100%</b>

Table 1 lists the total number cases and the types of cases that team members addressed in August 2003. Customers make issues known to the team through direct calls, e-mails, or letters. There are four categories of cases in the table: 1) complaints, 2) information/referrals, 3) Medicaid appeals, and 4) General, which is the smallest percentage (4%) of the cases that do not fit the above categories.

“Complaints” are informal expressions of dissatisfaction. “Information/referrals” are either direct requests for information or requests to contact an agency, group, or person. Medicaid appeals refer to Medicaid recipients filing appeals to DMH/DD/SA, in accordance with Federal Law and DMH/DD/SA policy. “General” issues are broad questions that are beyond the scope of the office’s responsibilities.

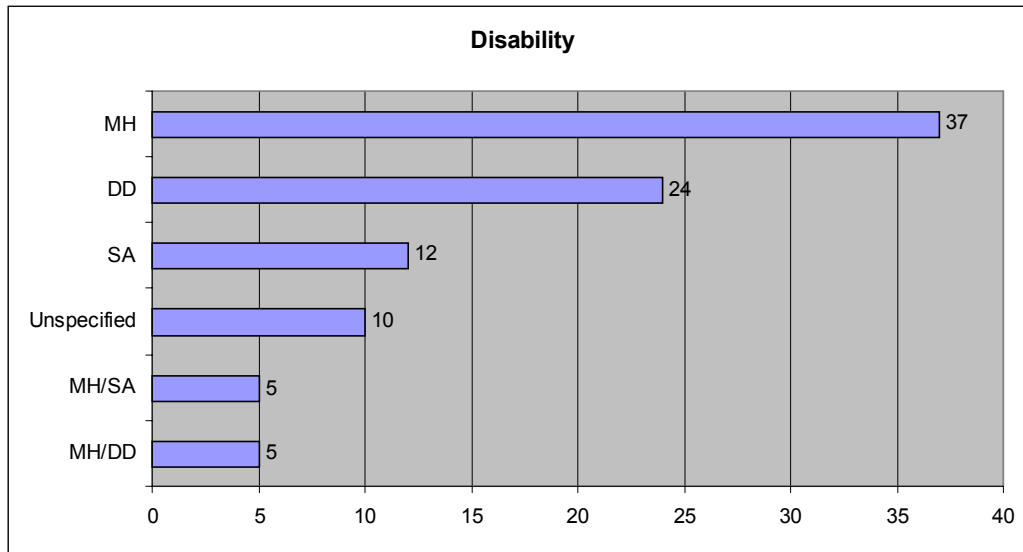
*Volume:* The volume of complaints and information and referrals are evenly split with a total of 44 (38%) each, while team members addressed 23 Medicaid appeals during the month of August.

**Table 2 - Contact Sources For August 2003**

<b>Filed By</b>	<b>Total</b>	<b>% of Total</b>
Advocacy group	1	1%
DHHS Administration	1	1%
State Facility Advocate	2	2%
DMH/DD/SA Section Staff	2	2%
Office of Citizen Services	3	3%
Legislator	3	3%
Provider	7	8%
Guardian	8	9%
LME	9	10%
Client	19	20%
Family/Friend	29	31%
Other	7	8%
Unspecified	2	2%
<b>Grand Total</b>	<b>93</b>	<b>100%</b>

*Contact Sources:* The Customer Services and Community Rights Team members received complaints and information and referral requests from 13 different sources which are listed in Table 2. The sources in the table include the North Carolina Office Citizen Services (CARE-LINE), which provides a toll free 1-800 number for citizens. Calls from that office are directly forwarded to the CSCR staff. Referrals from State Facility Advocates relate to consumer issues regarding services in the community rather than in the facility.

Consumers, their families and friends, and their guardians accounted for (60 %) of the 93 complaints or information/referral cases. Consumers initiated 19 (20%); family/friends initiated 29 or 31%; guardians initiated 8 or 8% of the total complaints or inquiries/referrals. Local Management Entities (Area Authorities) initiated 9 issues, while providers initiated 7 issues to the CSCR Team. These two sources represent 17% (16) of the total. There were 7 (8%) of the contact sources, called “*other*”, that were from categories that were not in our protocol. The remaining sources represent a small percentage: 2 from section staff; 3 from legislative offices; 2 from family advocates; 1 from DHHS staff; 3 from the North Carolina Office of Citizen Services; 1 from an advocacy group; and 2 where the information was not specified.

**Table 3 and Figure 3 - Disability Group Distribution for August 2003**

Disability	Total	% of Total
MH/DD	5	5%
MH/SA	5	5%
SA	12	13%
DD	24	26%
MH	37	40%
Unspecified	10	11%
Grand Total	93	100%

*Disability Group Representation:* Table 3 and Figure 3 show disability groups that were represented in the 93 issues.

Mental health consumers' services represent 37 (40%) of the total. The next most prevalent disability group is developmental disabilities with 24 issues (26%). The third group in rank order is substance abuse with 12 issues (13%). There are a small number of issues from MH/SA and MH/DD, accounting for 5 (5%) from each group.<sup>5</sup>

<sup>5</sup> There were 10 issues (11%) for which disability information was not recorded. This number should decline in subsequent reports.

Table 4

## Complaints and Information/Referrals Associated with Area Authorities

Area Program	Unspecified	Complaints	Information and Referral	Grand Total	% of Total
Unspecified	2	4	5	11	12%
Alamance			1	1	1%
Albemarle		1		1	1%
Blue Ridge Center	1	4		5	5%
Catawba		1		1	1%
Centerpoint		2	2	4	4%
Crossroads			1	1	1%
Durham		3	2	5	5%
Eastpointe		2	2	6	6%
Edgecombe-Nash			1	1	1%
Foothills			2	2	2%
Guilford		2	1	3	3%
Johnston			1	1	1%
Lee Harnett		1	1	2	2%
Mecklenburg		2	3	5	5%
Neuse		3	2	5	5%
OPC		1		1	1%
Pathways		2		2	2%
Piedmont			1	1	1%
Pitt		1	1	2	2%
Riverstone			1	1	1%
Rutherford		1		1	1%
Sandhills		1	3	4	4%
Smoky Mountain		2		2	2%
Southeastern Regional		2	3	5	5%
Southeastern Center		2	3	5	5%
Tideland		2		2	2%
Trend			1	1	1%
VGFW			1	1	1%
Wake	1	2	5	8	9%
Wilson-Greene	1		1	3	3%
<b>Grand Total</b>	<b>5</b>	<b>44</b>	<b>44</b>	<b>93</b>	
<b>Grand Total Area Programs (minus the unspecified)</b>	<b>3</b>	<b>40</b>	<b>39</b>	<b>82</b>	

*Area Authorities:* Table 4 lists the complaints or information/referrals that CSCR team members addressed in August 2003. ***An important caveat:*** These data refer only to the residential area of the consumer whose issue was addressed by the CSCR team. It is very important to note that these data do not indicate complaints against Area Authorities in all cases. We have simply recorded the locality of the complainant or person asking for information. Moreover, Area Programs with a high volume are not viewed negatively. A high volume may indicate that consumers are aware of the complaint process and that the Area Program provides a complaint system to help consumers address their concerns.

**Table 5**  
**Area Authority Distribution of Complaints and Information/Referrals**

<b>Totals:</b>	
Total number of complaints and information/referrals that did not relate to a consumer in a single Area Authority	11
Total number of complaints and information/referrals that involved a consumer in a single Area Authority	82
All complaints and information/referrals	93
Number of different Area Authorities represented with one or more complaints or information/referrals.	30
<b>Statistical Review:</b>	
Average number of cases per Area Authority	$82/30 = 2.7$
Highest number from one Area Authority	9 (10%)
Lowest number from one Area Authority	1
Most common number (mode) for 30 Area Authorities	1
7 out of 30 Area Authorities (23%) accounted for 46% of the total complaints/information referrals	$8,9,6,5,5,5,5 = 43/82 = (46\%)$

Table 5 presents information that summarizes Table 4.

Eleven issues either involved questions that did not relate to a consumer (unspecified) or involved more than one Area Program (See row 1 Table 4 shaded). Therefore, data on Area Authority distribution total 93 minus 11 or 82 issues. There were complaints and information/referrals regarding consumers in 30 different Area Authorities. The average number of complaints and information/referrals for the 30 Area Programs was 2.7. The range of complaints and information/referrals is from 9 to 1. The most common number (mode) of complaints and information/referrals is 1.



*Providers:* The CSCR Team addressed 37 complaints involving contract providers, Area Program administered services, and State Facilities. We received 3 complaints that did not name a provider. A total of 30 different service providers were named in complaints. We received multiple complaints (4) involving only one provider. One Area Program/service provider is associated with 2 complaints. The remaining 29 providers were noted only one time during this report period.

**Table 6 – Issues Addressed**

<b>Issue</b>	<b>Total</b>	<b>% of Total</b>
Ability to Pay Questions	1	1%
Area Program Policy Issues	2	2%
Crisis calls	2	2%
Quality of Care	3	3%
Public Assistance Benefits	5	5%
Client Rights Complaints	5	5%
CAP-MR/DD Waiver Issues	7	8%
Contractor/Provider Issues	7	8%
Denial of Services	7	8%
Access to Services	27	29%
Other Issues than listed	24	26%
Unspecified Issues	3	3%
<b>Grand Total</b>	<b>93</b>	<b>100%</b>

*Issues Addressed:* Table 6 lists the issues noted in complaints and information/ referrals. Contacts were made concerning a wide range of issues. By far the highest number 27 (29%) of issues concerned access to services. The next highest volume of issues, called “other”, refer to topics not included in the list of categories. This category accounts for 24 cases or 26% of the total. (Future reports will delineate more specific issues in this category.) Questions regarding CAP/MR-DD, general provider questions, and denials<sup>6</sup> of services for consumers without Medicaid eligibility represented 7 contacts each or a total of 21 (24%). Five contacts (5%) were made about client rights issues in the North Carolina Statutes (G.S. 122C-Article 3). Five contacts (5%) were made regarding public assistance benefits. Three contacts (3%) were made concerning the quality of services. Two contacts (2%) were made regarding Area Authority policy and two (2%) were crisis calls. Finally, one (1%) contact was made regarding Ability to Pay.

<sup>6</sup> Medicaid recipients’ authorization denials are reflected in the Medicaid appeal information reported in this report.

**Table 7- Response to Complaints and Information/Referrals**

Action	Total	% of Total
Provide Direct Advice to Caller	51	55 %
Call Accountability Section	3	3%
Call Advocacy Group	2	2%
Call Division of Facility Services	1	1%
Call Division of Medical Assistance	2	2%
Call Human Rights Coordinator at Area Authority	12	13%
Call Other Staff at Area Authority	15	16%
Call Provider	2	2%
Call Staff in other DMH/DD/SA Sections	3	3%
Call State Facility Advocate	2	2%
<b>Grand Total</b>	<b>93</b>	<b>100%</b>

*Response by CSCR Team:* Table 7 lists the responses to the complaints and information/referrals in August 2003. The CSCR Team responded to 51 out of 93 (55%) complaints and information/referrals by directly advising the complainant or questioner. The CSCR team members try to redirect complaints either to the Area Authority Human Rights Coordinator or to another Area Authority staff person, such as a case manager.<sup>7</sup> The table indicates that team members called the Human Rights Coordinator 12 times and called other staff at the Area Authority 15 times, totaling 27 (29%). Smaller percentages are found for other responses, such as calling the Accountability Section in DMH/DD/SA 3%, advocacy groups (2%), the Division of Facility Services (DFS) (1%), Division of Medical Assistance (DMA) (2%), local providers (2%), other DMH/DD/SA sections (3%), and State Facility Advocates (2%).

<sup>7</sup> Area Authorities designate a Human Rights Coordinator (formerly called Client Rights Coordinator) to assist complainants at the local level. The names of these individuals can be found in the [North Carolina Council of Community Programs Directory](#).

**Table 8 - Contact and Response Volume**

Row	Cases	August Contact	Average Contacts	% of Contacts	Cases Minus Top Two	August Contacts Minus Top Two Cases	Average Contacts minus the Top Two Contacts	% of Contacts Minus top two contacts
Ability to Pay	1	4	4.00	1%	1	4	4.00	1%
Are Program Policy	2	11	5.50	2%	2	11	5.50	2%
Crisis Call	2	19	9.50	3%	2	19	9.50	3%
Quality of Care	3	59	19.67	8%	3	59	19.67	11%
Disability Benefits	5	17	3.40	2%	5	17	3.40	3%
Client Rights Laws/Rules	5	14	2.80	2%	5	14	2.80	3%
CAP-MR/DD Waiver Issues	7	36	5.14	5%	7	36	5.14	7%
Provider/Contractor	7	128	18.29	18%	6	28	4.67	5%
Denial of Services	7	31	4.43	4%	7	31	4.43	6%
Medicaid Appeals	23	151	6.57	21%	23	151	6.57	28%
Access to Services	27	106	3.93	15%	27	106	3.93	19%
Unspecified	3	11	3.67	2%	3	11	3.67	2%
Other	24	122	5.08	17%	23	62	2.70	11%
<b>Grand Total</b>	<b>116</b>	<b>709</b>	<b>6.11</b>	<b>100%</b>	<b>114</b>	<b>549</b>	<b>4.82</b>	<b>100%</b>

*Contact and Response Volume:* Table 8 shows the number of communications (called contacts), either received or initiated, for each type of complaint or information/referral.

One “provider” issue and an issue in the “other” category required a total of 160 contacts. Because of these two high volume cases, Table 8 includes a column with and a column without the extremes (see shaded totals).

Noting the statistics without the extreme cases, we find the following: *Medicaid appeals*, as noted earlier, represented 151 communications or 28% of all communications during August.<sup>8</sup> Following Medicaid appeals, the next highest volume of communications is associated with *access to services* for individuals without Medicaid eligibility (106 communications or 19%). The third ranked volume of communications are cases in the “other” category (62 communications or 11%) and quality of care (59 communications or

<sup>8</sup> Team members help to facilitate local resolutions of Medicaid appeals and are successful 85%-90% of the time, thus, avoiding delays entailed in hearings and hastening local resolutions.

11%). The fourth ranked volume are CAP/MR-DD issues (36 communications or 7%). The fifth ranked volume are provider issues (28 communications or 5%). The sixth ranked volume are crisis calls to the CSCR team (19 communications or 3%). The seventh ranked are includes disability benefits (17 communications or 3%). The eighth ranked volume are client rights issues (14 communications or 3%). The ninth ranked volume are Area Program policy and a group of contacts about “unspecified” issues (11 communications or 2%). The tenth ranked volume are issues regarding ability to pay (4 communications or 1%).

*Average contacts for each type of complaint or information/referral:* The average number of contacts for each complaint or information/referral indicates a measure of difficulty or workload. The *overall average* for 114 cases is 4.82 communications for each case. The two highest average communications per case, quality of care issues and crisis calls, are based on only 3 and 2 cases, respectively. Despite the small number of cases for these two types, it is noteworthy that it took the CSCR team such a high number of communications to address the issues.

Averages for different types of cases in descending order are: *Quality of care* (19.67 communications), crisis calls (9.50 communications), *Medicaid appeals* (6.57 communications), *Area Program policy issues* (5.50 communications), CAP-MR/DD issues (5.14 communications), *contractor/provider issues* (4.67 communications), *denial of services for people without Medicaid* (4.43 communications), ability to pay issues (4.0 communications), *access to care issues* (3.93 communications), *Unspecified*, meaning very general questions (3.67 communications), *disability benefits issues* (3.40 communications), *issues alleging violation of client rights statutes or rules* (2.80 communications), and *issues other than the ones in the category list* (2.70 communications).

### **Medicaid Appeal Information for August 2003**

**Table 9-Total Appeals Received by DMH/DD/SA For August 2003**

<b>Appeal Type</b>	<b>Total</b>	<b>Percentage</b>
CAP-MR/DD	17	74%
Mental Health Services	6	26%
<b>Grand Total</b>	<b>23</b>	<b>100</b>

Table 9 shows the total number of appeals that the CSCR Team addressed in August 2003. The CSCR team members addressed 23 Medicaid appeals in August 2003. Appeals are filed to the Customer Services and Community Rights Team in order to provide consumers with direct advice. Fifteen of the 23 appeals were filed during the month and four (4) appeals remained open from July 2003. CAP/MR-DD Waiver recipients account for 17 out of 23 (74%) of the active appeal cases in the month of August 2003, while appeals involving recipients of mental health services account for 6 (26%) of the total.

**Table 10 – Types of Medicaid Appeals**

<b>Appeal Type</b>	<b>Total</b>
Suspension	1
Termination	5
Reduction	6
Denial of Requested Service	11
<b>Grand Total</b>	<b>23</b>

*Type of Medicaid Appeals:* Area Authorities authorize Medicaid services based on medical necessity. Medicaid recipients have the right to appeal the authorization decisions. There are four types of authorization-related appeals: *reductions of service, suspension of service, terminations of service, and denials of requests for a different service or an increased volume of a current service.*<sup>9</sup>

Table 10 shows the types of Medicaid appeals that were filed during this reporting period. These data indicate that the majority of the appeals are *denials of requested services*. (For example, a denial of a type of allowable equipment in CAP-MR/DD, or a denial of a request to step up from Level II to Level III residential service). The next highest type of appeal is *reduction of services*. (For example, appealing the reduction from Level III residential to Level II). *Termination of services* is the third highest type of appeal. (For example, appealing a decision to end individual outpatient therapy). Finally, one appeal involved *suspension of services*. (For example, appealing suspension from a clubhouse program).

<sup>9</sup> 42 CFR 431. Sub-Part E. Area Authorities notify recipients in writing of their right to appeal authorization decisions and provide an appeal form.

**Table 11 - Area Program Distribution of Medicaid Appeals  
For August 2003**

Area Program	Total	Percentage
Eastpointe	1	4%
Edgecombe Nash	1	4%
Mecklenburg	1	4%
New River	1	4%
Pathways	1	4%
Rockingham	1	4%
Sandhills	1	4%
Southeastern Center	1	4%
Trend	1	4%
Wilson-Greene	1	4%
Piedmont	2	9%
Smoky Mountain	2	9%
Southeastern Regional	2	9%
Guilford	7	30%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>

*Area Authorities:* Table 11 shows the Area Authorities associated with the 23 Medicaid appeals. Medicaid appeals were received from recipients residing in 14 different Area Authorities. One Area Authority accounted for 30% of the total. Three Area Authorities accounted for 9% each of the total (27%), while the remaining 10 Area Authorities accounted evenly for 4% each of the total (40%).

**Table 12 - Sources of Medicaid Appeals for August 2003**

Type of Appellant	Total	Percentage
Division of Social Services	1	4.3%
Adult Recipient	1	4.3%
Guardian	21	91%
<b>Grand Total</b>	<b>23</b>	<b>100%</b>

*Types of Appellants:* Table 12 shows the appellant sources of the Medicaid appeals for August 2003. Only a Medicaid recipient or his/her legal guardian has the legal right to file Medicaid appeals, according to Federal law (42 CFR 431. Sub-Part E). Note that 21 out of 23 (91%) come from a Guardian other than the Division of Social Services. Appeals from the Division of Social Services and appeals from recipients over the age of 18 account for 1 appeal (4.3%) each.

Appellants are given the option to: 1) begin an appeal at the local Area Authority level, 2) request a direct DMH/DD/SA hearing, or 3) appeal directly to the Office of Administrative Hearings (OAH) for a Fair Hearing. The vast majority of appellants choose to participate in local reviews convened at the Area Authority.

*Local Area Program Decisions and DMH/DD/SA Hearings:* The decisions for 22 of the 23 appeals were still pending in the August reporting period. The DMH/DD/SA hearing officer decided one appeal during this report period and upheld the Area Program's original decision.

## PART II: Medicaid Appeal Information for FY 2002-03

**Table 13 Total Appeals Filed FY 2002-2003**

Type of Appeal	Total	Percentage
Mental Health	64	82%
CAP/MR-DD Waiver	14	18%
Grand Total	78	100%

*Total Appeals Filed:* Table 13 shows that 14 (18%) of the 78 appeals filed in FY 2002-03 were CAP-MR/DD Waiver appeals, while the remaining 64 (82%) involved Medicaid recipients who were not included in the Waiver.

**Table 14 Sources of Appeals Filed in FY 2002-2003**

Filed By	Total	%
Division of Social Services (DSS)	5	6%
Guardians	63	81%
Medicaid Recipients	10	13%
Grand Total	78	100%

*Sources of Appeals:* Table 14 shows the sources of the appeals for FY 2002-03. Note that 63 (81%) were filed by Guardians, 10 (13%) were filed by Medicaid recipients, on their own behalf, and the DSS filed 5 (6%) of the Medicaid appeals.



**Table 15 Area Program Distribution of Appeals in FY 2002-2003**

Area Program	Total	%
Methadone Clinic	1	1%
Alamance-Caswell	1	1%
Orange Person Chatham	1	1%
Pathways	1	1%
Randolph	1	1%
Riverstone	1	1%
Smoky Mountain	1	1%
Wayne	1	1%
Cumberland	2	3%
Lee-Harnett	2	3%
Trend	2	3%
Wake Human Services	2	3%
Catawba	3	4%
Pitt	3	4%
Sandhills	3	4%
Southeastern Center	5	6%
Albemarle	4	5%
Blue Ridge	4	5%
Wilson Greene	4	5%
Mecklenburg	5	6%
Piedmont	6	8%
Guilford	9	12%
Southeastern Regional	16	21%
<b>Grand Total</b>	<b>78</b>	<b>100%</b>

*Area Program Distribution:* Medicaid recipients from 23 different Area Programs filed appeals in FY 2002-03. One appeal (shaded) was received from a recipient in a methadone clinic contracted by the state. *The volume of appeals in no way reflects negatively on an Area Program. Indeed, a relatively high volume may mean that an Area Program is informing recipients of their right to appeal.* We do note 16 (21%) of the appeals are associated with Southeast Regional Area Program. The next highest volume is 9 (12%) and is associated with Guilford Center Recipients in Piedmont Area Authority filed 6 appeals (8%). Recipients in Mecklenburg Area Program filed 5 appeals (6%). Recipients from Albemarle, Blue Ridge, and Wilson Greene filed 4 (5%) appeals each. Recipients from Catawba, Pitt, Sandhills, and Southeastern Center filed 3 (4%) each. Recipients from Cumberland, Lee-Harnett, Trend, and Wake Human Services file 2 appeals each (3%). Finally, recipients from Alamance Caswell, Orange Person Chatham, Pathways, Randolph, Riverstone, Smoky Mountain, and Wayne filed 1 appeal each (1%).

We have complete decision information for the majority of the appeals filed, but not all 78 appeals.<sup>10</sup> Therefore, we will report only percentages in the following tables. In subsequent reports, we will have more complete data, because of improvements in the data collection system.

<sup>10</sup> We have complete local decision information for 70% of the appeals. Subsequent reports will have more information.

**Table 16 – FY 2002 - 2003 All Area Authority Review Decisions**

<b>Area Program Decision</b>	<b>Percentage</b>
Mutual	23%
Withdrew	15%
Area Program	24%
Consumer	38%
<b>Grand Total</b>	<b>100%</b>

*Area Program Local Review Decisions:* Table 16 shows the local Area Authority review decisions for all appeals in FY 2002-03. Local reviews were in favor of the consumer/appellant 38% of the reported total. The Area Authority local reviews upheld the original decision 24% of the reported total. The Area Authority local reviews found a mutual decision in which the Area Program and the appellant compromised 24% of the reported total. Finally, 15% of the appellants withdrew their appeal prior to a local review.<sup>11</sup>

**Table 17 – FY 2002 –2003 CAP-MR Local Review Decisions**

<b>Area Program Decisions on CAP-MR Appeals</b>	<b>Percentage</b>
Mutual	21%
Withdrew	7%
Area Program	29%
Consumer	43%
<b>Grand Total</b>	<b>100%</b>

*CAP/MR-DD Local Decisions:* Table 17 shows the sub-set of appeals by CAP/MR-DD Waiver recipients. The Area Authority local reviews were in favor of the consumer/appellant 43% of the reported total. The Area Authority local reviews upheld the original decision 29% of the reported total. The Area Authority local reviews found a mutual decision in which the Area Program and the appellant compromised 21% of the reported total. Seven percent (7%) of the CAP/MR-DD appeals were withdrawn.

**Table 18 - FY 2002 –2003 All Division Hearing Dispositions**

<b>Division Hearing Disposition</b>	<b>Percentage</b>
Area Program Decision Upheld	17%
Mutual/Compromise	33%
Appellant	50%
<b>Grand Total</b>	<b>100%</b>

<sup>11</sup> We have incomplete local review information for a small number of appeals (N/A) for this fiscal year.

*All Division Hearings:* The dispositions of the hearings involving disability groups, including CAP-MR/DD Waiver recipients, are shown in Table 18. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services convenes Division Hearings for Medicaid recipients who desire to either by-pass the local Area Authority review or wish to pursue the appeal beyond the local review. In FY 2002-03, 90% of the appeals were resolved locally, while 10% went to a Division hearing.

Table 18 shows that Division hearing officers found in favor of the appellants in 50% of the cases. Hearing officers upheld the Area Authority decisions in 17% of the cases. Hearing officers facilitated a mutual resolution between the two parties in 33% of the cases.

**Table 19 - FY 2002-2003 CAP-MR/DD DMH/DD/SA Hearing Decisions**

Hearing Officer Decision	Percentage
Appellant	67%
Upheld Area Program Decision	33%
<b>Grand Total</b>	<b>100%</b>

*CAP-MR/DD Division Hearings:* Table 19 shows the DMH/DD/SA hearing decisions. Hearing officers found in favor of the appellant 67% of the time and upheld the Area Program original decision 33% of the time.

*Office of Administrative Hearings (OAH):* Medicaid recipients have the legal right to appeal directly to OAH at any time in the appeal process. In FY 2002-03, 7 Medicaid recipients petitioned OAH, which represents 9% of the actual total appeals filed.<sup>12</sup>

*Dispositions of OAH Petitions:* The dispositions of the 7 OAH cases is as follows: 2 (28%) pending decisions; 3 (42%) dismissed when the services were provided; and 2 (28%) judgments were made in favor of the consumer/recipient.

*CAP-MR/DD OAH Petitions:* None of the appeals filed in FY 2002-03 involved CAP/MR-DD services.

Thus far, in FY 03-04, 5 OAH cases have been filed. Four (4) cases are pending a judgment and one case was dismissed as improperly filed. Three cases (60%) involve CAP/MR-DD recipients.

<sup>12</sup> The total of filed appeals in FY 2002-03 was 78.